

Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
 JP 2022-02

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Re-Elect Jon Post
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Jon Post

Candidate's mailing address (required): 14180 W. Kirby Hughes Rd

Candidate's email address (required): jonpost@aol.com

Candidate's phone number (required): (520) 404-2006

Candidate's website (if any): votejonpost

Office Sought (choose one):

County Office: _____ District (if applicable): _____

City/Town Office: town council District (if applicable): _____

School Board Office: _____ District (if applicable): _____

Special District Board: _____ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2022

Party Affiliation: Democrat Green Libertarian Republican Other: _____
 (required for partisan offices)

Political Action Committee (PAC)

Committee Name (required): _____
 (if sponsored, must include sponsor's name)

Political Function (optional): Contributions Candidate-Related Independent Expenditures
 (select any that apply) Ballot Measure Expenditures Recall Expenditures

Sponsorship Information:

(if applicable) Sponsor's name or nickname (required): _____

Sponsor's mailing address (required): _____

Sponsor's email address (required): _____

Sponsor's phone number (if any): _____

Sponsor's website (if any): _____

Special Status (if applicable)

Separate Segregated Fund of a Corporation, LLC, Partnership, or Union

Standing Committee (must also complete separate standing committee registration)

Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

Political Party

Committee Name (required): _____
 (must include party affiliation)

Jurisdiction:

State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)

County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)

City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status (if applicable)

Standing Committee (must also complete separate standing committee registration)

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Handwritten signature

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STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
 JP 2022-02

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 15401 W. Hardin Rd
 Committee's email address (required): jonpost@aol.com
 Committee's phone number (if any): _____
 Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Jon Post
 Chairperson's physical address (required): 14180 W. Kirby Hughes Rd
 Chairperson's mailing address (if different): 15401 W. Hardin Rd
 Chairperson's email address (required): jonpost@aol.com
 Chairperson's phone number (required): (520) 404-2006
 Chairperson's employer (required): Post Farms
 Chairperson's occupation (required): Farmer

Treasurer's Information: Treasurer's name (required): Jon Post
 Treasurer's physical address (required): 14180 W. Kirby Hughes Rd
 Treasurer's mailing address (if different): 15401 W. Hardin Rd
 Treasurer's email address (required): jonpost@aol.com
 Treasurer's phone number (required): (520) 404-2006
 Treasurer's employer (required): post farms
 Treasurer's occupation (required): farmer

Bank or Financial Institution: Bank name (required): national bank
 (do not list acct numbers) Additional bank name (if applicable): _____
 Additional bank name (if applicable): _____

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.

Chairperson's signature: Jon Post Date: 2-1-2022
 Treasurer's signature: Jon Post Date: 2-1-2022
 Candidate's signature (if applicable): Jon Post Date: 2-1-2022

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 Town of Marana
 Clerk's Office

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